

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION        | mesay    |        | 08-28-01 |
| O.I.P.E. CLASSIFIER       |          | 18     | 01       |
| FORMALITY REVIEW          | TC       | 1080   | 9/26/01  |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
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| 4        | ✓       |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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 T.M. 1864  
 9/26/01

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